

J & M STEEL COMPANY

DATE: _____

P.O. Box 164485

Fort Worth, Texas 76161-4485

Phone: (817) 624-2181 Fax: (817) 625-5346

CUSTOMER CREDIT APPLICATION

BILLING INFORMATION: Telephone _____ Fax _____

Name of Company _____

Street Address _____ City _____ State _____ ZIP _____

Billing Address _____ City _____ State _____ ZIP _____

BUSINESS INFORMATION:

Date Started _____ Type of Business _____

Monthly Credit Requirement _____ **A/P Manager** _____

Structure: _____ Proprietorship _____ Partnership _____ Corporation _____

Subsidiary of _____ Located In _____ State Incorporated In _____

Who is authorized to purchase _____

OWNER'S, PARTNERS, CORPORATE OFFICERS, NAMES, RESIDENT ADDRESSES AND PHONE NUMBERS:

Name: _____ Title _____

Address: _____ Phone: _____

Name: _____ Title _____

Address: _____ Phone: _____

BANK REFERENCES:

Name: _____ Phone: _____

Address: _____ Contact: _____

Checking Account No. _____

Loan Information: _____ Line of Credit _____ Term Loan _____ Other _____

Secured: _____ Yes _____ No If Secured, By: _____

TRADE REFERENCES: Should Relate to the Amount of Credit Requested. Please include Metal Suppliers. Fax Numbers Will Speed Up The Process.

1. Name: _____ Phone: _____

Address: _____ Fax: _____

2. Name: _____ Phone: _____

Address: _____ Fax: _____

TRADE REFERENCES:

3. Name: _____ Phone: _____
Address: _____ Fax: _____

4. Name: _____ Phone: _____
Address: _____ Fax: _____

5. Name: _____ Phone: _____
Address: _____ Fax: _____

6. Name: _____ Phone: _____
Address: _____ Fax: _____

CUSTOMER INFORMATION:

Purchase Order Required ___ Yes ___ No Apply Sales Tax ___ Yes ___ No

Tax Exempt In (**Attach Copy of Exemption Certificate**):

State: _____ Certificate# _____

Please attach a copy of your most recent Financial Statements. Please be assured all information will be held strictly confidential.

I (we) understand that the information furnished to you in this application is for the purpose of obtaining open account for my (our) business and that I am (we are) authorized in my (our) capacity to bind my (our) business accordingly to the following terms and conditions:

1. I (we) will pay the amount or amounts due based on the terms of J & M Steel Company invoices which are **½ of 1% 10 Days Net 30.**
2. On all past due invoices, I (we) agree to pay a service charge of 1 ½ % per month, 18% per annum or, if less, the maximum allowed by law.
3. In the event that a delinquent account is placed in the hands of a collector or attorney for collection, or suit is instituted on this delinquent account, I (we) agree to pay, in addition to the delinquent amount and interest, all cost of collecting including court costs, collector's and or attorney's fees.

Agreement Accepted For _____ **Company**

Authorized Principal/Officer _____ **Title** _____

Date: _____